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ABSTRACT

This instructor's resource guide, one in a series of products from a project to develop an associate degree program for paraprofessional rural family health promoters, deals with teaching courses that focus on rural health. Discussed in the first section of the guide are the role of core courses in rural health promotional training and the production of focus guide materials for such training. The second half of the volume consists of focus guides for the following subject areas: biology (microbiology, anatomy, and physiology); introductory English; group dynamics; mathematics; the New Testament; psychology (human growth and development, adult development, and aging); and introductory sociology. Appended to the guide is an annotated list of other materials in the Family Home Health Training Program series. (MN)

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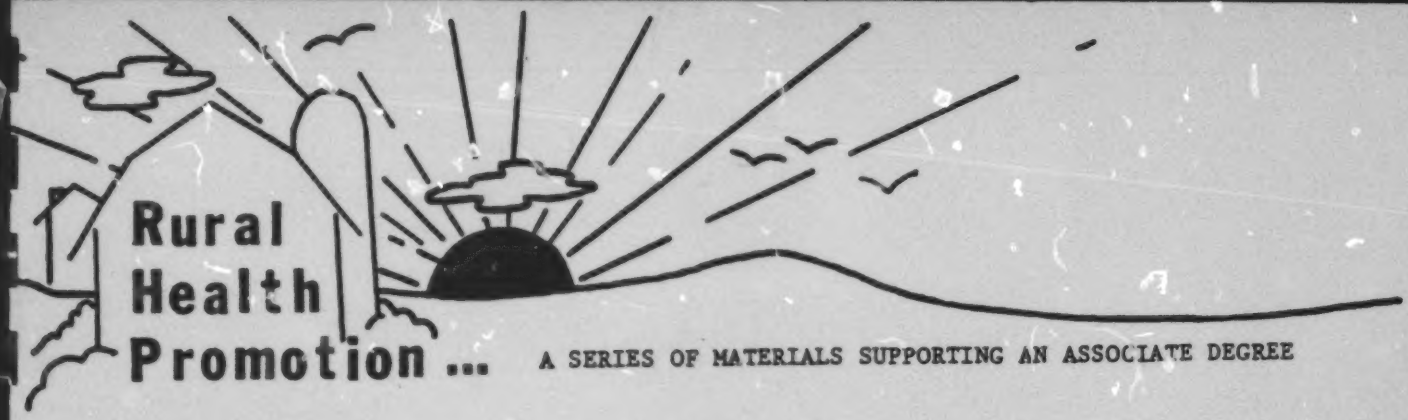

A SERIES OF MATERIALS SUPPORTING AN ASSOCIATE DEGREE

ED237710

APPENDIX TO A FINAL REPORT ON THE PARAPROFESSIONAL RURALLY ORIENTED FAMILY HOME HEALTH TRAINING PROGRAM

an instructor resource guide for

TEACHING CORE COURSES WITH A FOCUS ON RURAL HEALTH

U.S. DEPARTMENT OF EDUCATION
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AN INSTRUCTOR RESOURCE GUIDE FOR

TEACHING CORE COURSES WITH A FOCUS ON RURAL HEALTH

part of a Series of Materials Developed to Support
an Associate Degree in Rural Health Promotion

developed for

THE U. S. DEPARTMENT OF EDUCATION

OFFICE OF VOCATIONAL AND ADULT EDUCATION

developed by
THE PARAPROFESSIONAL RURALLY ORIENTED FAMILY HOME HEALTH
TRAINING PROGRAM
THE DIVISION OF NATURAL SCIENCES
THE BAPTIST COLLEGE AT CHARLESTON
CHARLESTON, SOUTH CAROLINA

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1983

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INTRODUCTION

RURAL HEALTH PROMOTION -
Definitions and Assumptions

The Associate Degree in Rural Health Promotion was developed out of concern for the health status of Americans in rural areas. Behind the development of such a paraprofessional degree lie certain definitions and assumptions about rural areas and the health problems they face. It is therefore appropriate to delineate some terms and concepts before describing the degree and its components in more detail. While this discussion will not attempt to comprehensively document the changing perceptions of rural issues, it summarizes the development of "mind-sets" which undergird the development of this project.

Probably the most difficult definition to make is of the term "rural". While we can easily quote dictionary definitions, there are important intrinsic and extrinsic connotations to the word "rural" which also need to be explored. The term rural carries with it tacit assumptions about population density, types of employment, character and structure of population centers, as well as the values and outlooks of the citizens. For example, RURAL is seen as:

country, not city
provincial, limited in perspective
unsophisticated
rustic
simple, leisurely paced life
religious
agricultural

William H. Friedland, in an article in The Journal of

Rural Sociology in 1982, suggests that if we base our definition of rural on the concept of this type of homogeneous culture, then we will find few rural areas left in the United States. This country has seen the development of an urban - rural continuum in terms of population densities which blurs any clear cut geographical definition, producing "fringe" areas with combination characteristics. So called "reverse" migration to lower density areas, as well as the effects of modern news and entertainment media, have resulted in "country" communities where many of the basic conditions of urban life are reproduced - culture, food, commodities, interests, etc.

These views of the changing character of rural populations are upheld by other studies in a variety of fields. Farms have become agribusinesses, with even small farms showing the impact of technological advances. Farm "managers" show the same life style illnesses of stress and overload as do urban managers. More importantly, while three out of five country residents in 1920 were engaged in farming, by 1970 this had changed to only one out of five - and is still dropping. Of the populations in rural areas, 24% of the whites and 11% of the blacks were recent arrivals - coming originally from urban areas. Yet total rural population size has changed little since 1920, while urban populations have often tripled.

Even population size definitions for "rural" vary from expert to expert. The Encyclopedia Britannica (1975 ed.) defines U.S. rural populations by default - by saying "rural" is "not urban", and "urban" means places of 2,500 or more and their fringes. A dictionary definition gives rural as "areas with less than 1,500 population". Obviously, the area's size as well as its population should be considered.

In the United States, 25% of the population lives on 90% of the land. For these "rural" areas, density varies from 200 per square mile near cities to one per ten square miles in the western mountains. In addition to density differences,the midwestern rural resident is still most likely to be involved in agriculture, the Appalachian rural populations organize their lives around the mining industries, and ,in the Carolinas, rural populations often include high percentages of textile workers.

What characteristics DO occur consistently in rural areas? While individuals and special sub-populations may defy these trends, rural populations do seem to have:

* twice the poverty rate as cities
* more under and unemployed adults
* lower educational status
* higher percentages of children, elderly, and poor

The last item on the preceding list leads us into the specific health problems of the U.S. rural resident, for all three sub-populations - children, the elderly, and the poor - have more health needs than the average citizen. However, once again the specific health needs of rural areas are somewhat inconsistent with our preconceptions. While we picture the "country life" as leading to healthy longevity, the rural populations of America have more activity limiting chronic health conditions than do urban populations. Regardless of our vision of country life as providing healthier air, diets, and activity, rural citizens suffer from more heart conditions, more arthritis, more mental illness, more high blood pressure, and more visual impairment. Infant mortality rates are higher, alcohol use and the resultant drinking and driving mortalities are severe problems. In other words, the health issues associated with life style are more predominant in the country than in our "high pressure,

polluted, unhealthy" cities.

These, and other health problems of the rural areas of our country, are made more distressing by the realities of non-urban health care. The following figures, taken from the report on Health Care in Rural America (U.S. Dept. of Agriculture Bulletin 428), show how rural areas provide for health care:

area type	medical personnel per 100,000 population
metropolitan	157
non-metro.	71
rural (near urban)	35
rural (far from urban)	37

The problem is not with acute care - hospitals are often equally accessible to the urban dweller, the suburban dweller and the rural resident (at least in terms of access time - "from my house to seeing the doctor"). It is precisely the type of life style oriented services, focusing on chronic and preventative care, which are needed by the rural resident which are not available. This is an age - old problem; as Hippocrates said, " Healing is a matter of time, but it is sometimes also a matter of opportunity."

Certainly one way of approaching these problems is to increase the numbers of traditional health professionals who serve rural areas. This has proved to be easier said than done; physicians and nurses are costly to train and costly to support, if not for the area they serve then for society as a whole. Moreover, the U.S. Surgeon General's Report on Healthy People states that major gains in the health status of Americans in general will not be made by increasing access to traditional treatment alone, but will also require enhanced emphasis on promotion of disease

preventative life styles.

In this same vein, but focused on the needs of rural areas in particular, the Health Care in Rural America report suggests that communities train residents to serve as paraprofessionals in health care provision, from EMS(Emergency Medical Technician) services, to basic first aid, and on to health promotion and health education. Eva J. Salber and her co-workers in North Carolina addressed these needs by exploring the usefulness of "health facilitators" or "lay advisors". Their project sought to "promote good health and prevent illness rather than concentrating on the cure of illness alone" by using lay members of a community who have received "training in promotive health practices, prevention of disease, in early recognition of illness together with first aid measures."

In A Sociology of Health by Andrew C. Twaddle and Richard M. Hessler, the authors state that "...of all the strategies for improving medical care for the (rural) poor, the substantial increase in new nonphysician medical manpower is possibly the most important innovation..." Even in the areas of mental health (as discussed in Mental Health of Rural America ,NIMH and The Nonprofessional Revolution in Mental Health by Francine Sobey) paraprofessionals from rural communities have been used effectively. Part of the introduction to Sobey's book comments, "Nonprofessionals are utilized not simply because professional manpower is unavailable but rather to provide new services in innovative ways."

Although most of the training for such paraprofessionals, in both the mental and physical health areas, began as informal training programs, in both cases expanded programs soon became important. Twaddel and Hessler discuss the problem of insufficient training, both

in terms of its impact on lay workers' competency and acceptance by existing professional care givers, as well as the impact on upward or outward mobility. They quote one paraprofessional as saying "I don 't have a degree, so if I left here I may have to go ... back to business machines. I don't really feel secure. If something happens you have to try and get a job. You should at least get an associates degree in college." Nevertheless, Twaddel ends the section on Community Health Workers with these thoughts, " ...the seed has been planted for changes in health manpower. If health care is to be made available to all as a right on the order of public education, then change must occur...The community health worker program has provided a model for the creation of a new occupational hierarchy."

These then are the components which shaped the development of the Associate of Natural Sciences in Rural Health Promotion:

1. the realities and myths of rural existence
2. the need for enhanced health care in rural areas based on chronic life style illnesses and on-going inadequate numbers of treatment professionals
3. the perceived and experienced strength of utilizing community paraprofessionals
4. the training insufficiencies defined by both professionals and the paraprofessionals themselves

The next sections summarize the specific philosophies and content of the Associate Degree in Health Promotion, followed by suggested uses, and then detailed course content. For other published materials on this project, please refer to the Supplementary Materials at the end of the course materials.

AN ASSOCIATE DEGREE IN
RURAL HEALTH PROMOTION

As an innovative approach to meeting the health needs of rural America, the Rural Health Promotion Associate Degree has been developed by the Baptist College at Charleston under Contract No. 300-81-0436 with the U. S. Department of Education, Office of Vocational and Adult Education. The curriculum and special courses developed under this contract do not reflect ideas that are new to health. Instead, they draw upon several maturing concepts: health promotion, paraprofessional preparation, and holistic principles. These concepts have been used to develop an integrated, state of the art, approach to personal and community health enhancement--the paraprofessional degree in health promotion.

First, the program represents the movement toward health promotion, as an equal partner with treatment, in improving the health status of Americans. The 1979 U. S. Surgeon General's Report on Healthy People explored in great detail the role health promotion and disease prevention will play in further expansion of the Nation's health care system. The American Rural Health Newsletter (April 1983), in looking at "Rural Health Care at the Crossroad", points out "the public's desire for comprehensive health and its growing interest in health promotion."

Secondly, this program reflects an increasing awareness of the usefulness of paraprofessionals in expanding the impact of health care systems. Health promotion is one of the few areas of health services which is relying more on "people power" than on sophisticated technology. Since the goals of health promotion always includes the empowerment of the individual to make decisions about his own health habits and environment, the use of paraprofessionals is particularly appropriate. Working under the guidance of treatment, health education, and public health specialists, the paraprofessional can extend the reach of existing health promotion programs in a variety of settings from medicine and psychology to industry and religion. In the introduction to The Nonprofessional Revolution in Mental Health (Sobey, 1970) Frank Riessman points out that

"Nonprofessionals are utilized not simply because professional manpower is unavailable but rather to provide new services in innovative ways... It is noteworthy that their main function has not been to relieve professional staff to tasks requiring less than professional expertise. The major finding is that nonprofessionals are being trained for new service functions and roles, in many cases roles that were not previously being played at all..."

The idea to use two year college programs to train such paraprofessionals is not new. The Mental Health of Rural America (Segal, 1973) evaluated projects which experimented with ways to meet rural mental health needs. The projects seen to have the greatest impact were two year college programs designed to prepare people to work as paraprofessionals in a wide range of community settings. The Rural Health Promotion Degree is different in the following respect. The two year program designed at the Baptist College reflects very specifically the current movement toward holistic principles of health. Rather than focusing preferentially on physical or mental health, the program provides formal educational experiences in studies relevant to the "whole" person.

The curriculum draws from a strong natural science base (33 credits) to build an understanding of both the biological and psychological aspects of human health. By including studies in religion and sociology, as well as written and spoken communication skills, it prepares the student for effective intervention in social and interpersonal settings. Then, to focus this basic knowledge on disease prevention/health promotion, the program includes specialized courses which provide understanding of health care organizations and issues, health promotion methods, fundamentals of paraprofessional care and a prevention/promotion practicum experience.

The Associate Degree in Rural Health Promotion was designed to fit comfortably into a traditional four year college's offerings or into any technical college which offers general Associate of Arts or Associate of Science degrees. At least one full year of the program is made up of courses which are commonly offered by psychology,

science, sociology, mathematics, English, and religion departments. The specialized courses related to health promotion and paraprofessional skills will often be useful to students in other disciplines who plan to work in settings which interface with health care providers. In addition, the degree's specialized content might be used to develop a minor in health promotion for baccalaureate students or to provide required courses to update existing allied health and related degrees.

The specific course content of the Associate Degree in Rural Health Promotion is listed in annotated form in the next section.

SUGGESTED ACADEMIC CONTENT

Listed below are those courses suggested as required to earn an Associate Degree in Rural Health Promotion. The courses marked with an asterisk (*) are those which were specifically designed for the Health Promotion degree and are available as part of this set of materials. Whole prerequisites are not noted here for the specialized courses, specific prerequisites are in the detailed materials overviewing each course in the series.

English Composition and Rhetoric: Courses designed to improve students ability to express themselves accurately and effective in writing. (6 credits)

*Interpersonal Communication-Techniques and Styles: This course will teach techniques of good interpersonal communication include specific skills in listening, decision making, observation, assessment, interviewing, and group process. It will explore the effect of individual attitudes and beliefs on communication as well as cultural characteristics of communication and barriers to communication. (3 credits)

General College Mathematics: A course in general math skills with an emphasis on application. (3 credits) Or a more advanced course.

General Psychology: An introduction to concepts underlying the understinding of behavior. (3 credits)

Human Growth and Development: An overview of human development psychologically for conception through senescence, with an emphasis through adolescence. (3 credits)

Psychology of Adulthood and Aging: A study of development during adulthood. (3 credits)

Principles of Sociology: A focus on the ways sociology provides understanding of group behavior and human relations. (3 credits)

Introduction to Community Services: Introducing the organization, methods, settings of community social services. (3 credits)

Survey of New Testament: The content of the new testament. (3 credits) OR

Introduction to Group Dynamics: Religious and psychological principles applied to interpersonal relationships and group functions. (3 credits)

Anatomy/Physiology: A study of human structure and function with emphasis on the body systems. (4 credits)

Microbiology: Study of micro-organisms with emphasis on normal and pathological conditions in man and environment. (4 credits)

*Epidemiology: A study of the inter-relationship among organisms, the environment, and man. The course develops an understanding of the history of disease, their signs, symptons, and prevention. It provides a working knowledge of the terms; morbidity, mortality, acute disease, and chronic disease. Basic data are presented concerning the application of demographics, community health care, and the epidemiologic study of the causal factors of disease. (3 credits)

Nutrition: Concepts of human nutrition applied to health and disease, world hunger, and personal nutrition. (3 credits)

*Concepts of Chemistry: Key principles needed in allied health and liberal arts. (4 credits)

*Health Care Organization and Issues: The purpose, functions, and administration of community health care services, public and private. A study of issues affecting health care utilization and delivery; consumerism, ethical issues, and future technology. (3 credits)

*Health Promotion Seminar: A cognitive presentation of the major areas of emphasis for health promotion - exercise, concern over what we put into our bodies (foods, alcohol, tobacco, and other drugs), and living in high stress environments--and concommitant presentation of the major techniques of personal responsibility and personal change. The course requires application of these concepts to develop experiential knowledge in behavior change. It will also develop critical consideration of emerging health promotion ideas in both professional sources and the popular media. (1 credit)

*Fundamentals of Paraprofessional Care I and II: Development and application of knowledge and paraprofessional skills in physical care, emotional support, personal hygiene, and safety/first aid. Acute and chronic conditions will be covered. Working knowledge of medical terminology and consumer oriented pharmacology. Laboratory experiences complement the lectures and include certification in Cardiopulmonary Resuscitation. (8 credits)

*Practicum in Health Promotion: Application of classroom knowledge in community based programs related to health promotion/ disease prevention. During the first two weeks of the Semester and the last week of the Semester, this calss will meet 3 hours per week on campus to structure the students' practical experiences and discuss class assignments and requirements. The remainder of the semester the course will consist of 9-12 hours/week of experience in a community based program and one class meeting per week on campus. (3 credits)

Electives (3-6 credits); Electives are suggested from sociology, especially in the area of social institutions or rural concerns, and in health and physical education, especially in the area of fitness and aerobics and recreational exercise.

USING THESE MATERIALS IN TEACHING RURAL HEALTH PROMOTION

The Rural Health Promotion project materials include the seven course modules newly designed for this associate degree (see Suggested Academic Content), a project report, preliminary evaluation reports for both concept and courses, and a series of Focus Guides for use with existing care courses. Although designed to be used as a two year associate degree curriculum in a college setting, the individual courses can be used separately as they fit other academic needs.

All of the courses in this series were developed in a regular semester format for students who meet general admissions requirements for a four year college. It may be that a paraprofessional program such as Rural Health Promotion will attract students whose high school preparation has been less academic than traditional four year students. However, we feel it is preferable to meet any such deficiencies as they arise using, existing college resources, rather than to structure the program and course content at a lower level. One specific reason for this is based in the nature of the activity for which these students are being prepared.

The health promotion paraprofessionals will need to function in their communities in a median position between the professional health care providers and lay recipients of such care. The credibility with which they function will be based in part on their ability to communicate with, and value the standards and expectations of, people on both ends of this care continuum. Interactions with the professional community may be tenuous at best in some settings. The existance of "watered down" courses in the program could contribute to a perception of the paraprofessional as "amateur." Indeed, other paraprofessional roles--such as the paramedics--have been effected by this attitude. Even nursing, now a profession in its own right, was once seen as "wasting our time educating a group of semi-professionals." (Jensen's History and Trends of Professional Nursing)

A second reason for dealing with deficiencies outside of this program is to clearly integrate the program academically into the parent institution, rather than having it exist with a separate

level of expectations. Finally, students who have clearly and directly faced their own learning deficits should be better prepared to relate to the lay end of the professional-lay continuum with understanding and compassion.

It is expected that these courses may merely be a first approximation of what is needed in some academic settings. Each course includes state-of-the-art material at the time it was written and edited, including references and suggested support materials. Yet, health promotion is a rapidly growing field where excellent new materials are developing daily. We feel the objectives, concept outlines, and supplementary materials can be used either as specific delineation of a course or as general core concerns to be fleshed out according to other professional interests and directions.

Reports on the development of the curriculum for the Associate of Natural Sciences in Rural Health Promotion and the proto-type field testing and evaluation of both concept and courses are also available as part of this series of materials. The project report components may be useful for health education designers or administrators or for service providers as they plan directions in training and community services for the last part of the Twentieth Century. Even if this degree has only limited implementation, we feel the ideas and directions addressed in the project overall and in the courses specifically can serve as stimuli for discussion and decision making in a society with changing ideas of health, health care, and responsibility for health.

Finally, the Rural Health Focus Guides were developed to direct the thoughts of teachers in core areas (such as English, mathematics, sociology, etc.) without re-writing existing courses. These materials are listed separately in the Supplementary Materials section and may be interesting for educators who are concerned or curious about the interface between their area of expertise and changing concepts of community and personal health.

FOCUS GUIDE MATERIALS

THE ROLE OF CORE COURSES IN RURAL HEALTH PROMOTION TRAINING

Modern concepts of health, as they relate to both public education and health care provision, are holistic in nature. This implies specific educational needs to prepare both professional and paraprofessional service providers regardless of where they fall on the health services continuum -prom primary prevention (i.e. health promotion) to tertiary prevention (i.e. treatment of disease and patient maintenance). Today's health services provider is dealing with a concept of human health which embodies biological, psychological and spiritual aspects. The education of the health promotion paraprofessional must therefore include training:

1. in the cognitive concepts relating to the biological and biochemical functioning of the body
2. in the theory and application of psychological constructs
3. in the inter-relationship of these two academic areas dealing with mind and body
4. in the contextual areas of religion and sociology
5. in the practical application of basic skills in English, mathematics, and oral communication

This set of knowledge and skills can then be used in both the learning and application of health promotion techniques through specialized courses.

Since the Associate Degree in Rural Health Promotion has been designed around a core of commonly occurring academic offerings, the degree can easily be added to both two and four year institutions by adding only the specialized courses relating to health promotion concepts, skills, and

applications. This academic core allows students to move on to a four yea degree if they so desire; it also allows the college to adapt the health promotion courses as a minor in existing four year degrees.

However, for those students for whom the Associate Degree is their goal (interim or ultimate) there is concern that the broad academic core might appear to have limited immediate or specific relevance. Rather than approach relevance through specialized courses (e.g. "English for the Health Promotion Student") - which might limit not only the immediate learning but also the future mobility academically - we have chosen to write a series of <u>focus</u> guides. These guides discuss the issue of relevance in both general and specific terms, suggesting special topics, projects, and instructional mechanisms which can be used to enhance the learning of the rural health promotion student (and, indeed, the entire class) without damaging the integrity or general impact of core courses on the academic goals of the entire institution.

The Focus Guides leave course concept outlines and objectives intact, making suggestions not so much in content or methodology but rather in instructional "accent.". Each Focus Guide highlights those topics within the normal structure of the course which are of particular relevance to rural health and which can be used for home work, for special projects, for classroom examples and discussion and for test questions.

THE PRODUCTION OF THE RURAL HEALTH FOCUS GUIDE MATERIALS
- AN EDITORIAL NOTE -

In order to produce the following focus guides for the core courses in the curriculum, the Rural Health Training Project sponsored several workshops for faculty at the Baptist College at Charleston, as well as using outside consultants. The workshops were designed to introduce the basic intent and content of the Associate Degree then under development. Faculty met with health educators, rural health care providers, rural health care recipients, rural ministers, medical sociologists and others. They were provided with excerpts from text books, articles, and reports on topics such as the sociology of health, rural health care needs, use of paraprofessionals in health settings, cultural concerns in health care, and family and community health. The Project Director defined skills and knowledge goals for the graduates of the program. The workshop participants took part in experiential activities designed to crystallize their definitions of "rural," "health," and "paraprofessional."

After the workshops, small groups and individuals met repeatedly with the Project Director to further define the goals of core courses and the most useful content of the focus guides. Rough draft materials were developed and courses then being taught were approached with the rural health orientation kept in mind.

The final form of each focus guide was left up to the individual authors. All authors were faculty in their area with extensive experience in teaching the subjects about which they wrote. The variation in extent of coverage and form reflects the interaction between the task, the objectives of the core area, and the orientation of the professional writing the guide. We believe these

variations add richness to this document and we have made little effort to change the flavor of these reports in order to conform to some common form. It may be of use to the reader to know the specific questions/tasks to which the authors were asked to respond. These are listed on the following page. In addition, quotes from portions of the workshops which set he scene for the production of this document are included for your edification.

RURAL HEALTH FOCUS GUIDE WORKSHEETS

1. Title of specific course _____ .

2. General goals of this course:

3. Brainstorming -
"What role does this course play in producing a community health paraprofessional?"

4. What special student projects/activities already exist in the course which might use topics related to rural health concerns?

5. List topics for these projects which are now used or which could be used to focus the projects in areas of concern to the rural health project.

6. List special examples for use by the instructor which would highlight areas relevant to rural health
FOR USE IN LECTURES

FOR USE IN HOMEWORK

FOR USE IN TEST QUESTIONS

7. List resources and references which an instructor could use to teach this area in ways more focused on rural health.

"FOOD FOR THOUGHT"

Quotes Included in the Workshop Materials

Health is a state of complete physical, mental, and social well being, not merely the absence of disease or infirmity.

World Health Organization

For the last thirty years, we have obscured the difference between health and medicine. A true story form the early 1970's illustrates the point. In a rural area of the Midwest, where the longest life expectancy in the United States had been documented, a television reporter interviewed a typically vigorour 94-year-old woman. Eventually he asked the key question: If this is the healthiest place in the country, why don't more people live here or move here? The energetic senior citizen considered for a moment and then replied, "You know, I think it's the lack of doctors." Have we become such dependent creatures that we would rather have a doctor's care than be healthy?

Donald M. Vickery, M.D.

At Rome, you long for the country; when you are in the country, fickle, you extol the absent city to the skies.

Horace

Healing is a matter of time, but it is sometimes also a matter of opportunity.

Hippocrates

Mental illness is "everybody's business". This is the potentiality we must exploit as a means of resolving the man power problem.

Joint Commission of Mental Illness and Health, Final Report

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FOCUS GUIDES

RURAL HEALTH FOCUS GUIDE TO THREE BIOLOGY COURSES

Stephen H. Best
Assistant Professor of Biology
the Baptist College at Charleston

Editor's Note: It is hard to imagine training a person for any health related work and omitting the basic biological basis for the functioning of the human body - in sickness and in health - or the functioning of the "attack" forces of micro-organisms and environmental factors. Mr. Best is the author of the innovative undergraduate level epidemiology course which makes up another product in this series. Here he takes the contents of two other common biology courses as well and considers their particular importance to the rural health promotion paraprofessional.

RURAL HEALTH FOCUS GUIDE TO
THREE BIOLOGY COURSES

Biology courses form the basis for the paraprofessional's understanding of the body's contribution to the holistic concept of health. There are three major biological emphases - the body and how it works, micro-organisms and how they work, and the interaction of the body both with micro-organisms and with the other aspects of the environment in which it functions. In most schools these three areas will be covered in separate courses. The area of interaction with the environment - epidemiology - has been developed into a separate undergraduate level course and is available in complete form as part of this series of materials.

Fundamental to the educational development of any health related professional is an understanding of the individual human, anatomically and physiologically. Without such a background the student cannot effectively understand or evaluate factors of disfunction, disease, pa hology, behavioral mechanisms, genetic phenomena, or any set of data related to normal or abnormal functioning of the individual. Microbiology, the etiology of infectious disease has always and will continue to be of primary interest to the health worker. A basic understanding of the major microbial groups, their biological characteristics and relationships to man provide an effective interface between the paraprofessional and the community. This knowledge can be of significant value in rural areas where medical guidance is most needed and often least available. And, since the impact of infectious and noninfectious illness continues to determine to a major degree the quality of life, the dynamics of disease development is a vital

understanding.

Information related to community population dynamics, socio-economic factors, age, sex, occupation, and other data on groups of humans takes the study of biology to groups of humans, and assists the health worker in analyzing community health problems. Although not the primary health care giver, the paraprofessional can provide the link between rural or urban communities and the mechanisms of disease analysis and health care provision.

Each of these biological emphases has ways in which it can be specialized to address special concerns of the paraprofessional interested in health promotion without changing the goals or the impact of the typical course. These will be outlined below.

Anatomy and Physiology: Topics usually included in lectures, as special project topics and in homework which are particularly relevant to rural health or health promotion concerns include

1. nutritional effect on health of various systems
   balanced diets and unbalanced diets
   obesity, starvation, pica
   vitamins, requirements and deficiencies
2. physiological nature of psychosomatic disorders
   psychological/emotional stress and health
3. effects of drugs, physiological and pathological
   CNS effects of drugs of abuse
4. genetics
   abnormalities
   blood group inheritance patterns
   sickle cell anemia, Down's syndrome, Turner's and Klinefelter's syndromes
5. fetal development
   congenital effects - e.g. fetal alcohol syndrome

measles and deafness, etc.
nature of erythroblastosis fetalis and
blue baby conditions

6. blood pressure/ circulation/ cardiac parameters
sickle-cell anemia
other blood abnormalities
circulation and exercise
cardio-vascular problems and incidents
7. cyclic hormonal activities
adolenscence, middle age
8. aging and the degrading of biological systems
9. skeletal muscular problems
in exercise
degenerative problems
10. the immune system
immunization
allergies and hypersensitivity
11. digestive disorders
diabetes

Microbiology: Topics which are usually included in lectures, as special topics, or in home work which are of particular interest to rural health or health promotion concerns include-

1. biology of bacteria, rickettsia, protozoa, fungi, viruses
2. diseases transmitted by direct contact
importance of personal hygiene
3. airborne disease
4. waterborne disease
5. microbiology of milk and other dairy foods
6. contamination of foodstuffs
7. disease transmitted by inoculation
8. microbiology of air, soil, water
9. rabies and other diseases of animals

In addition, laboratory exercises which focus on microbes which have a predilection for rural communities are valuable. Work with problems of home-canning procedures and diseases resulting from improperly cooked foods.

Epidemiology: Issues of importance to rural health and health promotion in the area of epidemiology are covered in detail in the special course. To summarize some of them -

1. agent, host, and environmental aspects of disease
   socio-economic factors
   clean water and sanitary household conditions
2. vital statistics and demographics
   risk factors and incidence of disease as compared to specific personal behaviors e.g. diet, exercise, weight etc.
3. experimental design, sampling, data analysis
4. patterns of individual disease occurence
5. place and time effects on disease
6. etiology of microbial and heminth disease
   impact on rural areas

In addition to the above topics, teaching techniques of relevance include the use of data that is specific to the state or region. Monthly publications from state and national and public health sources allow for study of timely and geographically relevant information.

RURAL HEALTH FOCUS GUIDE TO INTRODUCTORY ENGLISH

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1983

Editors Note: English is one of the quintessential "liberal arts," serving as the core of communication (if not of thinking itself) of many other fields of endeavor. We have compiled the ideas of Dr. Garrison and Dr. Drowota into a single section on English, thus covering a broad spectrum of issues of relevance and application. We expect that the areas of concern will be familiar to all teachers of English, and that the careful compilation of specific applications to rural health promotion will stimulate their own thinking even further.

RURAL HEALTH FOCUS GUIDE TO
INTRODUCTORY ENGLISH

English composition and rhetoric courses are appropriate and essential components in the education of any college student. The Rural Health Promotion student is preparing for a role in the community which will draw heavily upon the skills developed in English courses: they must be able to choose words and sentences which clearly convey identifying appropriate resources and references to the interpretation of material written in styles different from their own; they must be able to organize in logical fashion their own thoughts as well as facts and trends summarized from the literature; and finally, they must be able to address in writing a variety of groups with different backgrounds.

The two English courses incorporated the Rural Health Promotion program include the tasks of reading and writing short essays as well as reading longer offerings and writing a term paper.

The first course is a typical offering in the curriculum of any college program requiring reading and writing, the basic skills. This course is designed primarily to improve a student's writing skills. The emphasis is on mechanics (grammar, punctuation, and spelling) with consideration given to organization and content, too.

The specific objectives of this course are:

1. To write ideas effectively, using different methods of exposition and different audiences.
2. To write themes of approximately 300 words using standard grammatical forms and meeting at least the minimum mechanical standards of the Department of English. Here special emphasis is made on communicating in Standard English rather than community dialect.
3. To write ideas that are organized logically.
4. To read and comprehend essays on topics of current interest as well as classical literature.
5. To discuss ideas and writing methods in the readings and related topics.

This course provides the student with a chance to read, discuss, understand, and write about values and/or problems in today's world. It demands that the student focus upon and think logically about a topic, support his ideas and opinions with elaboration and specific

details, and listen to the ideas and opinions of others. Further, rather than seeking to merely substitute what is called Standard English, it promotes an atmosphere for appreciating differnet dialects and patterns of language while learning the Standard American English. Most often the readings and topics for wirting encourage the student to examine his own experience and knowledge, thus enabling him to understand and articulate his thoughts of himself and his environment as well as his ideas of others and their environments. This course allows the student to operate and communicate within several contexts: broad, unexamined ideas and opinions; personal concerns and concerns of others; lack of confidence, especially in one's language skills, and confidence; knowledge and risk-taking; and provincialism and cosmopolitanism. It requires that the student use established, familiar patterns of organization--e.g. general to specific, specific to general, known to unknown, less important to more important, more important to less important, simple to complex.

The second English course involves a much more comprehensive concentration on the study of many types of literature and has moved beyond the focus upon grammar fundamentals found in the first course. More importantly, the second course requires the writing of a term paper. Thus, the course offers both a primarily literary component and a pragmatic one. For the rural health promotion degree, the offerings of the pragmatic includes the basic skills involved in library research; for those students with more experience, it will be a honing of such skills already familiar to some degree. The process of coming to grips with the paper includes organization of raw gleanings from that research, collation and synthesis of the material as the paper starts of take shape from the selection of a central idea to a fuller development through treatment of a number of major points and subpoints. Last, but not least, careful attention is given to the achieving of precision in footnote and bibliographic form. The carry over value of the library--or research--paper into specific rural health care curriculum is easily discerned.

While less apparent, but as real, and perhaps more valuable in the long run, there is enhancement of underlying writing skills through the careful assessment and lucid articulation of select blocks of material the student must locate through the methodical use of library tools, whether the specific aim of the paper is delineated by the professor as one that is primarily informative, argumentive, analytical or a composite of the three. Ultimately, the research paper is an attempt to explore some aspect of the world (whether literary, economic, medical-scientific, or whatever) and to make some reliable statements about it.

The discipline involved in the writing of such a paper, then, is an integral part of the larger educational process in which--in the view of liberal arts at least--students are taught to think and act for themselves and are guided into both pragmatic and intellectual skills that interact with other disciplines being pursued in either the humanities, the sciences, or both.

Approaches to Focusing on Rural Health Promotion in Teaching English Composition and Rhetoric

Almost everything that already exists in these courses can be related to rural health concerns because they are studies in the humanities. Reading material related to rural health concerns can be found in texts appropriate to this level course:

*Rorabacher, Louise E. and Georgia Dunbar. Assignments in Exposition. 7th ed. New York: Harper & Row, 1983, for example, Pat Conroy's essays.

*Harbrace College Handbook 9. New York: Harcourt Brace Jovanovich, Inc., 1982. for example, pages 219 to 222.

*Hamilton, Edith. Mythology. A Mentor Book. New York: New American Library, 1969.

Such material can be selected and assigned for class discussion. Topics for written work, drawn from personal experiences and reading, might, in fact, be closely related to rural health concerns. Explanation and exercises in grammar exist already and can be particularly related to rural concerns, including a defensiveness and obstinancy about one's language. Even readings, discussion, and writing of classical

mythology can be related to rural health concerns, e.g. the relevance of life close to nature. See especially pages 13-74 and 85-91 of Edith Hamilton's Mythology.

Rural health concerns can easily generate topics for theme writing. Sample topics may include:

Topics which allow exploration of personal goals, experiences, and realities:

A Description of Your Church, House, Bedroom, etc.
A Description of Your Favorite Place
A Detailed Description of a Photograph (See page 88 of Assignments in Exposition.)
Characterization of a Type of Individual, such as A Neighborhood Pharmacist, A Grandparent, etc.
Comparison/Contrast of High School and College
Comparison/Contrast of Your Parent's Childhood and Yours
Comparison/Contrast of Your Home and That of a Friend, Brother, or Sister
Comparison/Contrast of Life in a Dormitory and Life at Home
I Changed My Mind (material consisting of your original attitude toward something, such as a course, person, problem, habit, etc., the cause(s) of your change; and your present attitude)
A Job That I Found Rewarding
Popularity of a Fad
A Problem That I'm Trying to Solve
The Success of an Individual, Program, or Campaign
What I Like About _____ (material concerning a person, subject, activity, sport, etc.)
Why I Chose My Vocation
Why I Attend Church
Advantages and/or Disadvantages of Living in a Dormitory
How to Prepare a Favorite Dish
How to Administer Cardiovascular Pulmonary Resuscitation
A Family History Deduced from Tombstones
Definition of a Word in the Oxford English Dictionary

Topics which focus on issues of interest to rural areas:

A Day in the Life of _____ (material to be drawn from personal experience in some particular kind of life, work, camp, etc. - for example, a tomato picker, shrimp boat deck hand.)
A Description of Your Community (See Pat Conroy's "Yamacraw" in Assignments in Exposition.
Characterization of a Type of Individual, such as A Neighborhood Pharmacist, a Grandparent, etc.
Comparison/Contrast of Life in the City and Life in the Country
Comparison/Contrast of Your Parent's Childhood and Yours
Comparison/Contrast of Life in a Dormitory and Life at Home
Causes and/or Effects of Some Change in Your Environment (See Pat Conroy's "Death of an Island" in Assignment in Exposition.)
Analysis of a Chruch, School, or Local Government

A Job That I found Rewarding
Why People in My Community Attend Church
People That I Have Met
Classification of Trees, Crops, Cattle, Guns, Boats
Ways of Preparing Food
Likes and/or Dislikes of Your Community, Church, etc.
Advantages and/or Disadvantages of Living in the Country, in the City, etc.
Avenues of Health Care Delivery in Rural areas
How a Custom, such as Death and Burial or Birth, Are Handled in Your Community (See Pat Conroy's "Death and Burial on Yamacraw" in Assignments in Exposition.)
How Calves, Chickens, Pigs, etc. are raised
How to Prepare a Favorite Dish
How to Cast for Trout
How to Treat a Snakebite
How to Paddle a Canoe
How to Run a Trapline
Argument for a Needed Improvement in Your Neighborhood, School, etc.
A Family History Deduced from Tombstones

While it is not difficult to generate essay topics relevant to rural health, it is hard to consider focusing on relevant areas in the study of literature in general and the English term paper in specific. The role played by the study of literature in the overall curriculum goals of a degree in rural health care is, indeed, more tenuous. The analysis and interpretation of literature, obviously, cannot be quantified in the same sense as can be the writing of a research paper; i.e., into certain concrete, identifiable skills and observable results.

Perhaps the most apparent--and measurable--result of reading literature is the development of a wider vocabulary. Much vocabulary becomes ingrained through seeing word usage in literary context rather than through rote memory of words in isolated exercises; proper spelling is frequently acquired in a similar fashion. No one course can, certainly, overcome patterns of resistance in the space of three or four months. Some practical headway can be and is made for some students in English however, through the keeping of a notebook of unfamiliar words and the encouragement given the students to develop habits of dictionary usage.

Many students pass over words they are not familiar with because of lethargy or because they feel the use of a dictionary is in some

sense an admission of ignorance and thus a threat to self-esteem. Recognition that others, including the professor, find it necessary and not demeaning to rely on the dictionary with some frequency is a positive reinforcement of a process of desensitization for those unwilling to use a dictionary. The reinforcement of the use of reference materials in general is important in preparing students who will provide information in rural settings. A discussion of people's reasons for not using references might prove fruitful here.

The study of literature leads both to a deepening and broadening of what can be termed the wider human experience. Since Homer's Iliad appeared in 1000 B.C. and thus became the first written literary legacy of the western world, readers of written literature have looked to such offings (whether prose, poetry, or drama) for two reasons: entertainment and understanding. Much of the most interesting literature throughout history has been primarily for entertainment and obviously in many cases was designed to be strictly escapist (e.g., ghost stories, tall tales, etc.). As such it offers little or no insight into the meaning of one's self or of others. There is much enjoyable literature, however, that also enhances one's understanding of the self through a deeper and broader insight into the world about him. It is this engendering of the quality of life that is central to the goal of literature and, more broadly, the humanities generally. This aspect if also of particular relevance to those in Rural Health Promotion, who will eventually need to relate to a variety of people and realities.

The term rhetoric, obviously, implies far more than simple speech: denotes, in a larger sense, the effective use of language to reach those truths which defy and, some would say, transcend, the empirical. It is in this sense the term is used in the course description: "English Composition and Rhetoric." It is the development of skills in rhetoric that enhances students' abilities to handle the questions life hands them, questions which do not come within the purview of the quantifiable and the inductive method. Skills in rhetoric, exemplified and demonstrated in literature, may well encounter more

dilemmas of the human situation but with less provable certainty than is true of the scientific courses which the student of rural health care must have. But, if less certain from the standpoint of inductive resolution, literary-rhetorical skills are none the less as useful, and in some ways more useful, because the student is now dealing with ethics, with multi-cultural communication, with politics, and with human motivation and causality involving variables whose origins and whose understanding may well resist and ultimately defy neat answers or even any final, dogmatically "provable" answers at all.

Familiarity with literature and the techniques of rhetoric, then, are at the heart of effective communication, not just of facts, but of the problems of human relationships on the widest possible scale. In a recent symposium on Culture and Health held at the Medical University of South Carolina, Dr. Carole Hill, Chairperson, Department of Anthropology, Georgia State University has well said: "We need to start by examining the curriculum of medical schools. When young people begin their medical education, we need to develop a teaching model which inculcates respect for and cooperation with another's value system. We need to create a better communication process, educating medical personnel and policy makers about the culture of the rural population."

The study of literature in a liberal arts college seems an effective methodology for broadening intellectual perspective, inculcating multicultural tolerance and understanding as integral to developing the sort of social-cultural "connections" essential to rural health care educators. As someone has said: "Human differences are the raw material of writing... They are our reason for wishing to communicate. Through communications we create community, the basic value underlying the rhetoric."

Consider the view represented by the conclusion of the report of the Rockefeller Foundation Commission on The Humanities:

> The essence of the humanities is a spirit or an attitude toward humanity. They show how the individual is autonouous and at the same time bound, in the ligatures of language

> and history, to humankind across time and throughout the world. They can approach questions of value, no matter how complex, with intelligence and good will. They can use their scientific and technical achievements responsible because they see the connections among science, technology, and humanity.

Finally, then, the relevant focus of English - especially for students who will be involved in human services of every kind - is a heuristically oriented education structured upon the foundations of human understanding. Such an educational process engenders and helps develope skills to make value judgements in non-empirical areas. It is just such characteristics, Aristotle said in his Rhetoric, that are the marks of the truly educated person. Stated in another manner, the study of literature and the humanistic discipline might be seen as the last best hope that students in every discipline will be encouraged, in the Jeffersonian ideal, to "make a life before they begin to make a living." Such a preparation would seem an essential component of the holistic concept underlying the rural health care degree.

Resources and references which an instructor can use to teach this subject, English Composition and Rhetoric, with a focus on rural health may include:

a "find" in the local library, such as Proceedings of a Symposium on Culture and Health--College of Charleston, October, 1979.

Pat Conroy's The Water is Wide (Boston: Houghton Mifflin Company, 1972)--quasifictional

Weekly news magazine

Television news shows, shows such as Real People and PM Magazine.

Documentaries

Public health employees

Foxfire

Suitable conferences, often those geared toward a different concern but surprisingly related to rural health

Teresa Ferster Glazier's The Least You Should Know About English (New York: Holt, Rinehart and Winston, 1979, Form B)

Daily newspapers (See attachment.)

Visits to local clinics and health care centers

Students in the program

Their own creativity and ability to think synergistically

RURAL HEALTH FOCUS GUIDE TO GROUP DYNAMICS

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Editor's Note: Any good course in group dynamics is totally relevant to the paraprofessional in rural health promotion; with changing rural compositions there is little to do with working with people that would not be useful in the activities of health change in communities. The one characteristic that is perhaps overlooked in teaching group skills is that special situation found in churches and voluntary organizations - when the value system (implied and applied) of the group is assumed by virtue of the setting. Linking elements, expectations, "shoulds" and "oughts" of interpersonal relationships may well act to constrain or facilitate the goals of "good" group dynamics. It is assumed in the Associate Degree in Rural Health Promotion that students who take this specially focused course in group skills will have already taken a course in general interpersonal communication - techniques and styles, where some of these same issues have been raised.

In other settings, the course in group skills may actually be adding two special focus points - rural health <u>and</u> religion.

RURAL HEALTH FOCUS GUIDE TO
GROUP DYNAMICS

The study of group processes are useful in many professional fields. The paraprofessional in health promotion, however, does not need an introduction to therapeutic groups dynamics. Rather they need to be able to function effectively as leaders and members of groups in task like settings, as are found in voluntary organizations, community task forces, and in church settings. In the rural community, the church remains a strong stabilizing force, especially within the lives of the impoverished, the aging, and the ill. It is there fore of particular usefulness to explore the use of group dynamics within the context of organized religion.

At the Baptist College at Charleston, a special course in group dynamics is taught for those interested in group processes in church settings. While most group dynamics courses taught in other college settings would be expected to have a far more general focus, even a general course in group functioning can benefit from consideration of the special characteristics and interactions of groups within the church.

The central issues of group dynamics remain the same - what is happening in the group as an entity itself,and what is it that individual group members are "saying". The initial need is to introduce students to the principles of effective communication - listening, interpreting, and articulating. An effective course will teach not only principles but will allow for practice of the skills themselves. Issues of cross-cultural communication are important, and especially vital to the rural health practitioner. Group facilitation skills,

helping people to participate in group activities and to grow and develop as a result are vital to many types of health promotion.

In the rural community, the context from which many group members are operating is based in part on their religion. The church is an important part of rural communities; health paraprofessionals will need to enlist the assistance of community leaders many of whom will represent the church in an official or unofficial way. An understanding of the church's view of personhood (including holism and health) is vital for any change agent intending to operate in most rural communities.

Special projects and activities which focus group skills in areas of particular relevance to the health promotion paraprofessional include:

1. design (and presentation in written form) of strategy papers reflecting the steps a facilitator would take in initiating a small group program in a church
2. participation in experiences in groups which focus on topics which include a religious and health context and which help the student to practice good leadership skills
3. some special topics to be discussed or used as out-of-class reports or activities
   a. the Old Testament view of man in relationship
   b. biblical affirmation of holistic man
   c. group relationships in the ministry of Jesus
   d. Jesus use of group dialog in teaching
   e. what is special about you?
   f. the human potential for growth
   g. principles of dialog
   h. the nature of groups

i. group leadership styles
j. making decisions, establishing goals
k. communications patterns in groups
l. conflicts in groups
m. discussion groups
n. personal growth groups
o. task groups
p. group counseling
q. group dynamics in churches
r. critical incidents and their resolution

4. Instructor consideration of the following issues would also serve to highlight areas relevant to rural health -

a. mans relationship to the created order (emphasis on agricultural life)
b. the relationship of mind/body/spirit on health
c. the development of families, tribes, clans - man and relationship
d. the relationship of the individual to the community
e. the origin of groups
f. in role of the church in the community
g. participatory leadership
h. dialog vs. monologue
i. what to do when communication is garbled

Some good references which are of general relevance to group settings include:

Chasnoff, R.(ed) Structured Cooperative Learning- the 1979 handbook Minneapolis:J and J Book Co, 1979

Johnson, D.W. Reaching Out:Interpersonal Effectiveness and Self-Actualization Englewood Cliffs, NJ:Prentice-Hall, 1981

Pfeffer, J. and Salancik. The External Control of Organizations New York: Harper and Row, 1978

Walton R. Interpersonal Peacemaking Reading, Mass: Addison-Wesley, 1969

Johnson, D.W. and F.P Johnson Joining Together Englewood Cliffs, NJ:Prentice Hall, 1982.

RURAL HEALTH FOCUS GUIDE TO GENERAL COLLEGE MATHEMATICS

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1983

Editor's note: Both Mrs. Barnwell and Dr. Myer have had experience teaching the non-traditional student. The typical course content for an introductory mathematics course at the college level is discussed in light of its necessity for a "liberal" education and in terms of its specific application to other courses in the curriculum as well as job related skills and attitudes.

RURAL HEALTH FOCUS GUIDE TO
GENERAL COLLEGE MATHEMATICS

The general goals of a basic college level mathematics course include providing the liberal arts student nor majoring in mathematics or science with a basic understanding of elementary algebra, to show specific examples of the applications of mathematics to business areas, to introduce exponential and logarithmic functions and to provide familiarity with the metric system.

Typical course activities and topics include:

I. Basic algebra
II. Matrices
III. Systems of linear equations
IV. Linear Programming
V. Metric systems
VI. Graph theory

After completing a review of basic algebra, the course presents a study of linear models, which incorporated the study of linear functions, graphing linear functions, matrices and methods of solving linear equations. The last part of the course consists of a study of quadratic function, logarithmic functions and exponential functions. The graphs and applications of these functions are examined. Throughout, business applications based on supply and demand functions are used as examples and in problem sets. These functions might also be discussed in terms of crop production, agri-business ideas more familiar to a rural student. In addition special problems can be drawn from the area of rural life in general, from health care in general and can be specialized to the

region by using local information - obtained from state offices of epidemiology and health statistics, for example.

There are many reasons why rural health students need a course in college level mathematics.

A. as a part of general education: While this catch all term has been used to justify many parts of a liberal arts curriculum, it remains a valid observation for mathematics and no less for the health professional and paraprofessional. In order for a paraprofessional to work effectively with both the public and with a wide variety of health professionals, he/she must have their respect. The paraprofessional must appear to be "well educated" to the professional and "competent" to the general public. If a paraprofessional is going to fit into the existing systems, they will have the knowledge, skills, and college experiences which are generally recognized as required of all those who deal with science related disciplines.

B. to be able to understand scientific problems: While the paraprofessional in health promotion may never need to be able to produce, on their own, detailed mathematical analyses or solutions, they will need to be able to read papers and process presentations which include rather sophisticated mathematics. The areas of health promotion which are up-and-coming, like the physiology of exercise, the multiple relationships between causative factors, etc. often process their data using at the most general graphical representations and at the most complex, manipulations of detailed equations representing relationships.

C. administrative mathematics: The inclusion of business concerns in introductory classes like this one is by no means irrelevant to the paraprofessional in health promotion. For one thing, much modern health promotion is

going to occur in the workplace; the ability to understand the issues and concerns of profit and loss, supply and demand, will enable the health promotion provider not only to make their material attractive but also to make it relevant.

In addition, all programs have budgets, detailed retrospective and prospective cost and time accounting processes, tax reports and cash flow concerns. Clients may need help in planning personal budgets (to include the necessary health care components); they may need to purchase items and keep records for insurance purposes.

D. pharmacology; internal and external physical and chemical interactions: There are many problems associated with health care that use mathematical concepts.

1. foods and diets - proportions and manipulation
   * total calories
   * minimum requirements of vitamins, minerals
   * maximum tolerances, overdoses of chemicals
   * fat, cholesterol content and -more importantly - relative proportions
   * sugar metabolism
2. exercise related concepts
   * per cent body fat
   * blood composition
   * peak and average heart rates, target exercise heart rates
   * blood pressure changes
   * graphing of data to observe trends
3. chemical mathematics
   * dose dependence calculations for external chemical, radiation, etc
   * mixing or correct proportions for testing or use

* statistical response curves; dose response curves

4. measurement in general
   * proper sizes, space available for prostheses, wheel chairs, crutches, etc.

E. the "metric" system: The metric system is used by all science disciplines including the medical sciences. The paraprofessional will need to have some comfort in reading if not in actual use of metrics as they are used in mass and volume measurements, in conversions within the metric system and to the English system, and of special importance, to know enough about relative size to be able to estimate amounts if necessary and to know when an estimate in not sufficient. Starting on the next page are some specific examples of questions that could be used in conjunction with a math course.

SAMPLE PROBLEMS

Functions:

A) The population size of a certain disease bacteria is y. If left untreated the population at time t (in hours) will be given by:

$$y = 4t^2 + 2t$$

Find the population at times 1 hour, 2 hours, and 5 hours.

B) Write an equation that expresses the relationship between temperature given in Celsius (C) and temperature given in Fahrenheit (F).

Matrices:

A clinic has 3 doctors each with his own speciality. Patients attending the clinic see more than one doctor. The accounts are drawn up monthly. We can use matrices to handle the accounts systematically.

Entries represent the dollar amount billed to each patient. The column headings are doctors, the row headings are patients.

Jan.

	I	II	III
A	10	25	0
B	0	20	40
C	15	0	25
D	10	10	0

Feb.

	I	II	III
A	0	0	0
B	0	100	0
C	25	15	20
D	0	15	10

Find the amount paid by each patient to each doctor over the 2 month period.

Linear Equations - Graphing:

Each day a young person should sleep 8 hours plus one hour for each year that the person is under 18. Assuming the relation is linear:

a) Write the equations relating sleep (y) and age (x).

b) Graph the equations.

Quadratic Functions:

The amount of particulate pollution x depends on the wind velocity v among other things. If the relationship between x and v can be approximated by

$$x = 20 - 0.01v^2.$$

with the velocity in miles per hour.

a) Sketch the graph.

b) Find the pollution when velocity is 10 m.p.h and when velocity is 20 m.p.h.

Logarithmic Functions and Exponential Functions:

The population of a certain city was 30,000 in 1970 and 40,500 in 1980. If the formula

$$y = P_0 e^{ht}$$

applies to growth of the city's population, what should the population be in 2000?

A hospital administrator predicts that the growth in the number of hospital employees will follow the Gompertz equation:

$$N = 2000(0.6)^{0.5t}$$

where t is the number of years after the opening of a new facility.

a) What is the number of employees when the facility is opened?

b) How many employees are there after one year?

c) Graph the curve of the Gompertz equation.

d) What is the maximum value for N?

Linear Systems:

Patients can be grouped into 2 general categories depending on their conditions and the amount of solid food they require.

A combination of 2 diets is used for solid foods but each diet has an amount of a substance deemed detrimental. How many servings from each diet should be given each day in order to minimize the intake of detrimental substances?

	Diet A	Diet B	Daily
Group #1	4 oz. per ser.	1 oz. per ser.	26 oz.
Group #2	2 oz. per ser.	1 oz. per ser.	18 oz.
Amount of detrimental substance	0.18 oz.	0.07	

5.

Measurement:

Convert the measurements to the given units:

1) 584 mm to meters
2) 24 dam to cm
3) 24,000,000 cm to km
4) 5.1 m to mm
5) 13 kl to liters
6) 0.75 cl to ml
7) 0.75 l to ml
8) 4729 cg to hg
9) 35472 mg to dag
10) 0.23 g to mg

Find the Celsius Fahrenheit temperature equivalent:

11) 41°F to $^{\circ}$C
12) 65°C to $^{\circ}$F
13) -175°C to $^{\circ}$F

Give the best order of magnitude estimate:

14) The thickness of a pencil is about
a) 1 cm b) 1 m c) 1 hm

15) The length of a man's sleeve could be
a) 85 km b) 85 mm c) 85 cm

16) A glass of water would probably contain
a) 900 ml b) 200 ml c) 15 ml

17) A teakettle will hold
a) 2 l b) 2 ml c) 2 kl

18) A baby weighs

a) 3 kg b) 30 kg c) 300 kg

d) None of the above

19) A man weighs

a) 80 kg b) 800 mg c) 8 hg

20) A child who is sick might have a

a) 39°C b) 82°C c) 104°C

21) You are camping, you would prefer a nighttime low of

a) 77°C b) 37°C c) 7°C

For 22 and 23, arrange in ascending order:

22) 56 cm, 0.42 m, 0.0029 hm

23) 0.02 kl, 480 ml, 45 cl, 0.032 l

RURAL HEALTH FOCUS GUIDE TO A SURVEY COURSE OF THE NEW TESTAMENT

Sherley Mervin Mayo
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1983

Editors Note: Whether the idea that rural America is more religious than urban America is a truth or a myth - the truth is that in many regions of this country if you are to have an impact in any area of community life, you must have the "blessing" of the church. Dr. Mayo worked with the Project Director for Rural Health Promotion extensively to come up with an approach to teaching a New Testament survey course which did indeed "focus" on rural health without losing the benefits he sees as inherent in the general nature of a liberal arts approach to education. In so doing, he touches on many of the concerns which produced this synergistic, confluent degree in the first place and which can be symbolized (if not summarized) by the statement - what is important in preparing a person to be a facilitator for change?

RURAL HEALTH FOCUS GUIDE TO
A SURVEY COURSE OF THE NEW TESTAMENT

As part of a core curriculum for a two or a four year degree, a course in New Testament has several values. First, it gives a grand perspective from which to make decisions and to confront the circumstances of life.

Second, it gives opportunity to discover oneself (as does any study of great literature). In the case of the Bible, the themes of this literature have become woven into the texture of our country through its laws, traditions, and culture. Edwin Gaustad, in A Religious History of America, says "American literature employs biblical thought because there reside the mysteries and marvel confronting all men in life and in death." Any study of liberal arts allows the students to explore themselves in in several major ways.

A. It give opportunity to explore vocation. One can become aware of many vocational possibilities by being introduced to many areas in the broad curriculum of liberal arts study. It prepares one to change, which may be quite relevant since most people in our society will change jobs more than once during a lifetime.

B. It gives opportunity to explore ideologies, values and ideas on a personal and society-wide level. The study of New Testament in particular has as its goal to enable the student to become familiar with the literature of the New Testament - within the historical setting of the first century A.D. This familiarity is also a familiarity with the background of those who study the Bible today and for whom it is a standard of behavior. In rural areas, the church is still often the hub of the community. The paraprofessional concerned with health promotion in a rural area will be dealing with the church.

Both the Bible and modern society are concerned with moral questions including ethics in health care and personal behavior.

Liberal arts courses also give a perspective from which to evaluate ideas -- of others and our own. The world today is the arena for a battle of ideas. With no antipathy for "how to " courses, it is still possible to realize that "how to" sometimes fails to deal with "why." The pen has often turned out to be mightier than the sword, in the long run if not in the short run. Ideas last longer than one job or a single generation. Often, therefor we are dealing with ideas that were formed not in light of today, but based on previous generations experience with the world. This can be particularly true for rural populations and the attitudes and behaviors linked to their health. A paraprofessional in rural health would need to be able to listen and interpret people while holding on to his/her own values. In addition to communication skills this person will need to be aware of their own values, accepting of the values of others, and be able to understand and interpret the values inherent in the systems of health care with which a rural population must work.

It is obvious that the rural health promotion paraprofessional must be broadly educated to do the tasks set out above. Indeed, breadth of purpose is still a critical need in many areas of education. This would include for every person some appreciation of the major disciplines and sensibilities of the humanities, the sciences, and also of questions of personal meaning, human inter-relationships, and societal and global health. James O'Toole in the Fall 1979 issue of Teachers College Record suggests that as education today tries to prepare people better for the world of work, being utterly

practical, the best thing it can provide is not technical development but a humanizing en-culturing general education that helps people live and make their decisions ethically and cooperatively. This certainly applies to the health promotion paraprofessional, whose expertise in the biological and psychological science aspects of health is of little use without the ability to relate to the realities of others and take an interactive part in their exploration of new ideas and actions.

Obviously, a course exploring any piece or pieces of great literature must begin with the reading of this literature and with information of a historical nature about its context. However, a writing project could also be part of such a course which would be relevant to both the purpose of the course and the training needs of the paraprofessional in health promotion. Topics for such a paper might include examining the development of an integrated philosophy of life - from the perspective of the student. A self examination of values (values-clarification) could focus on such issues of ethics and health as euthanasia or abortion. Beliefs about life after death might also be a good topic for exploration. A chronological autobiography showing how the individual has come to his/her present value structure would be be useful to the health paraprofessional in terms of understanding how life experiences structure our beliefs and would be relevant to the topics in a course in New Testament.

Classroom approaches of value include addressing the relevance of studying the New Testament to a variety of occupations. Also, the methodology of interpretation - learning why and how to listen to and understand written ideas - is important for any student. There are also numerous specific portions of scripture which are

relevant, including but not limited to:

Mark 16.9-20. This passage can be a good illustration of interpreting difficult biblical passages and possible ways of dealing with bizarre ideas. It includes mention of drinking poison and being bitten by poisonous snakes to "prove" one's faith.

Matthew 24-25 and Thessalonians - eschatology. Religion is not just "pie in the sky by and by." It is here and now. "If you don't work - don't eat."

Mark 8,9,10. The question of who will be first and greatest. The servant. This passage deals with issues of self esteem and can be used to open up discussions of how to serve others while pursuing goals of your own.

II Corinthians 2-7. A passage showing how the apostle Paul dealt with a serious episode of depression.

These and other verses can lead to discussions which inter-relate concerns of health and of religion (values, morals, ethics) in everyday life.

Books and references which may be useful -

Allport, Gordon. The Individual and His Religion

Bruder, Ernest F. Ministering to Deeply Troubled People

Drakeford, John. The awesome Power of the Listening Ear

Draper, Edger. Psychiatry and Pastoral Care

Duvall, Evelyn Mills. Family Development

James, William. Varieties of Religious Experience

McMillan, S.I. None of These Diseases

Menninger, Karl. The Vital Balance: The life Process in Mental and Illness

Oates, Wayne. Anxiety in Religious Experience

_____ Pastoral Counseling in Social Problems

_____ The Religious Care of the Psychiatric Patient

_____ Religious Factors in Mental Illness

_____ When Religion Gets Sick

_____ Where to Go For Help

Powell, John. Why Am I Afraid to Tell You Who I Am?

Rosten, Leo Ed. Religions of America: Ferment and Faith in an Age of Crisis

St. Claire, Robert. Neurotics in the Church

Sherrill, Lewis. Guilt and Redemption

_____ The Struggle of the Soul

Strunk, Otto. Mature Religion

Tournier, Paul. A Doctor's Case Book in Light of the Bible

_____ Guilt and Grace

Weatherhead, Leslie. Psychology, Religion, and Healing

Young, Richard K and Albert Meiburg. Spiritual Therapy: How the Physician, Psychiatrist and Minister Collaborate in Healing

RURAL HEALTH FOCUS GUIDE TO THREE COURSES IN PSYCHOLOGY

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1983

Editor's Note: Mental Health is one of the areas which has been using paraprofessionals for years with great success. Usually these people have merely a brief background, if any, in the science of psychology which underlies their activities. The Associate Degree in Rural Health Promotion includes three important areas of background for someone working in rural areas - general principles, humanb growth and development and adult development and aging. Together, Mr. Connor and Dr. Gorry have extensive experience in cross cultural and special needs psychology - areas of special concern to the rural health worker.

RURAL HEALTH FOCUS GUIDE TO
THREE COURSES IN PSYCHOLOGY

Psychology courses form the basis for the paraprofessional's understanding of the mind's contribution to the holistic concept of health. After a general introduction, the psychological emphasis is on development rather than therapy or counseling. Human growth and development course have traditionally been heavily weighted to the birth through early adulthood stages of life; the other end of the life cycle is then covered in adult development and aging. As our population gets statistically older, the latter course will become more important. Since rural populations are already "older" than urban populations and also "younger" (having a disproportionate representation from the extremes on the life cycle), these two courses are particularly relevant.

The goals of the three courses are: Introduction to Psychology- To acquaint the students with the nature of psychology and its scientific methods, with particular emphasis on behavior and the basis behind the application of thergapeutic techniques for behavior disorders.

Human Growth and Development- To relate the importance of early experience in the normal development of children into normal adulthood; to stress the role of care taking at the institutional levels.

Adult Development and Aging- To acquaint students with the nature and characteristics of the aging processes; changes in physical, emotional, and social well being; the crises that may occur in later years of life and the need for consistent practice of good health and emotional habits, as well as continued social interaction with individuals and groups.

Although it may well be apparent to the reader, and particularly to teachers of psychology, there are aspects of each of these courses of particular to the preparation of rural health promotion paraprofessionals. Each course will be considered separately, looking at the areas of specific relevance as well as special approaches to making the learning more meaningful.

Introduction to Psychology

Since psychology is concerned with behavior, students will be exposed to the many ways in which behavior is affected by emotional and/or physical factors. These in turn often indicate changes in the health of the individuals. Since this course will examine principles of learning, human learning and memory, thinking and language, motivation, conflicting emotion, perception, social influences, attitudes, personality, behavior disorders and therapy, it will frequently touch upon the many aspects which will, in some degree, have a direct relation or effect upon the health of the individual.

Many of the topics listed above have immediate and obvious relevance to personal and community health issues. Also of interest would be concerns for mental retardation, mental illness, and learning disorders; dietary considerations of mental health; appropriate sleeping habits; anxiety and fear; deleterious behaviors such as drug ingestion, tobacco use, and alcohol use/ misuse/ abuse. It is also important that the health promotion paraprofessional begin to get an clear idea of types of research and the ability to make cause and effect in addition to correlational relationship statements. This will be a much used skill in reading in a variety of professional journals after the paraprofessional

graduates.

Activities for out-of-class projects include visiting local facilities for observation, interviews, and discussion. Obviously, at least some of these sites could be rural health centers, and -at any site- the students could ask about the geographical derivation of the clients. Students could also research papers on special topics of interest to rural health or health promotion or even the use of paraprofessionals in mental health care. Video taping could be used to explore particular problems.

Human Growth and Development

One of the primary goals of this course for future paraprofessionals is to state clearly the mandate that experiences must be provided to nurture the developing psychological system the way that foods and vitamins are provided to assure the healthy growth of the physical body. The role of exacting human potential should be seen as similar to the role of public health in stamping out disease or malnutrition in a community. To impart fully the concept of epi-genesis as the basis for human psychological development as it is for biological development. The course should actively develop the ability to discriminate between the "myths" of child development and the "facts."

In the classroom, students in rural health promotion (indeed, all students) can benefit by discussion of the impact of cultural differences and norms on the development of theories and testing procedures; resulting in a healthy scepticism for behavioral measures based on individual differences from "homogenious" norms and a thorough grounding the those theories (e.g. Piaget) which have been experimentally or observationally verified in

varied cultures.

Student projects in and out of class should include extensive reading in formal developmental theory, development of familiarity with the professional literature of the field (journals particularly), and assigned exercises in observational research. Again here it is vital that the health promotion paraprofessional begin to understand what type of conclusions can validly be drawn from research data.

Topics for projects which would be of particular relevance include -

1. cross-cultural research procedures and critiques of those research techniques in common use.
2. Interpretation of cultural, ethnic, or class difference studies.
3. data collection in survey forms and in quasi-experimental settings
4. analysis and generalization from experimental findings

While it might appear overly sophisticated to teach research and analysis skills to paraprofessionals, actually they will need the ability to interpret and discuss published research findings with a good degree of comfort and accuracy - both to interact with the professional community and to be a resource to the lay community.

Adult Development and Aging

Since adult development and aging is primarily concerned with the later years of life, students will be exposed to changes is - physical capacity and or needs, emotional management and stress, and changing social

contacts. It will be the purpose of the course in general (and of specific relevance to rural workers) to demonstrate the methods applied to permit aging people to make the life transitions with minimal stress and to progress though any crisis with the least negative effects. Among subjects that must be investigated are learning and memory, thinking and language, motivation, emotions, perception, environmental influences, attitudes, personality, behavior patterns (or disorders), conflicts and therapy.

Special classroom and out-of-class emphases include -

1. families - people who need people
2. careers - bringing home the bacon
3. retirement - not needed any more
4. the search for a stable adult personality
5. young adulthood - intimacy vs. independence
6. men and women - inter-dependence
7. motivation
8. intellectual development
9. middle years of responsibility and failure
10. learning and memory -old dogs, new tricks
11. biological development and decline
12. mental disorders (neurosis, psychosis, degenerative disorders) depressions, Alzheimer's disease and others
13. late life - reintegration or despair

Other learning activities might again include visiting community sites - nursing homes, retirement villages, etc. and talking to those who work at Senior Citizens. Interviews with family members about various points of change in their adult life are also useful. It can be useful to compare late adulthood's changes with adolescence - in terms of relationships with family, independence vs. dependence, a changing body,

transportation problems, changing peer and support group, changing living arrangements, etc.!cj

Some Useful References

The following brief bibliography is useful in considering the overlap of concerns in psychology and rural health.

Gremmer, Bronfan. A Cross Cultural Appraisal of Child Reasoning Practices

Hunt, McVee. Intelligence and Experience

Birenhaum, A. Health Care and Society

Comprehensive Textbook of Psychiatry III
p 2836, plus chapter on Community Psychiatry
p 2848 - rural...

Dohrenwend, B.P and B.SDohrenwend. Social Status and Psychological Disorder: A Causal Inquiry
...good charts,pp 11+

Kolb, Lawrence. Modern Clinical Psychiatry "Socio-cultural Factors a[illegible]cosocial Disorders"
...also Community Psychiatry

Marshall, C.D. Mental Health Program Reports -4
pp281-290 "The Rural Nurse as a Crisis Counselor"

Psychological Abstracts
see: Rural environments
social environments

social support networks
agricultural workers
migrant farm workers

Social Science Index
see: rural mental health service
rural children
social work, rural

Symposium on Culture and Health: Implications for Health Policy in Rural South Carolina
College of Charleston.

Sobey, Francine. The Nonprofessional Revolution in Mental Health

RURAL HEALTH FOCUS GUIDE TO INTRODUCTORY SOCIOLOGY

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1983

Editors Note: The overlap between the areas of rural health promotion and sociology is a dynamic one. In one sense, health promotion requires the action of "change agents" - and change agents work with both individuals and systems. The very term "rural health" also implies important sociological concerns relating to both analysis and provision of health promotion services. Dr. Tomlinson obviously got very interested in the confluent issues of health promotion, rural health, and sociology.

RURAL HEALTH FOCUS GUIDE TO
INTRODUCTORY SOCIOLOGY

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III. Bibliography

I. General and Specific Goals

Among rural sociologists there is a current debate concerning whether or not their's is a clear-cut sub-discipline within sociology. The debate centers around two issues: (1) Is there an identifiable population that can clearly be specified "rural?" While there is no agreement on the characteristics that make up this population, there is some consensus that such a population exists. The existence of such a population can hardly be denied, if for no other reason than the recent, and unexpected, demographic shifts that have occurred in America - i.e., the loss of populations in urban areas and the increase in rural areas. (2) Is there such a thing as rural sociological theory? There is less agreement here, and perhaps the wisest course at this point is to apply sociological theories that have proved useful in other settings insofar as they are appropriate.

Despite the continuing debates among academic sociologists, there is a clear need for practical or applied sociological knowledge when we consider the training of rural health care paraprofessionals. This focus guide is an attempt to help those sociologists who might find themselves involved in such training programs. It describes an introductory sociology course and ways to enhance its relevance to rural health issues. Therefore, some of the goals are no different than they would be for the training or education of any other college students; other goals are specifically tailored for those who are preparing for careers as rural health care paraprofessionals.

There are three general goals that should be accomplished in any introductory sociology course. First, the student should learn to look at events and processes in the world from a sociological viewpoint, sometimes called the sociological imagination. As all sociologists are aware, this can be a rather difficult task in America because most Americans (including undergraduates) have been imbued throughout their lives to view the world from an individualistic standpoint. The American value system emphasizes individualism to such an extent that sociological analyses often seem strange, or even stupid. Psychological orientations may appear much easier and more

logical. It should be the goal of any introductory sociology instructor to show students that many events cannot be understood at the psychological level of analysis alone.

Second, the student should learn the basic concepts and theoretical orientations within the field of sociology. While there are heated debates within sociology about the adequacy of one concept over another, one methodology over another, one theory over another, etc., that should not deter us from explaining those debated issues to introductory students. Of course there is never enough time to explain all the details and history of these debates to introductory students, but the basic arguments can be conveyed.

Third, the introductory student should learn how to apply these concepts and theories to concrete situations. A good rule of thumb for teaching introductory sociology is to assume that your students will never take another sociology course (a second assumption at many institutions in the 1980's), that what they learn in this course is the only sociology that they will take with them through the rest of their lives. How would you want them to be able to analyze events in the real world after they have taken your course? Typically the way we do this in introductory courses is to lead the students through the major institutions (the family, education, religion, economics, achieved through the application of sociological analyses. For people who are in specific training programs like rural health, the application of concepts can be made quite specific.

Two additional goals should be included for an introductory sociology course for rural health care paraprofessionals. First, the concepts and theories should be made real for the students in the world from which they came and to which they will return (i.e., rural America). Most writers of introductory sociology textbooks appearently live in urban centers and their books reflect this. For example, the nuclear family is usually presented as the family form in America. This often comes as a surprise to students from rural backgrounds where the extended family is sometimes typical. Similarly, most texts take pains to show that religion has declined in institutional importance in America, a surprising fact to rural

students who come from communities where the church is an important institution. Stratification systems (whether social class, race, or sex) also operate differently in rural areas than the tidy picture one is presented in introductory texts. In essence, most introductory texts (all?) present an over-urbanized view of America that is probably empirically inaccurate in general, but is certainly inaccurate for rural America. Since the texts do not make the corrections, it is the responsibility of the instructor to do so. A review of the literature at the end of this focus guide can assist the instructor in this goal.

A second specific goal for these students should be to introduce them to the sociology of health. There is a growing body of literature in the area concerning such issues as the relationships between health and social class, race, power, etc., the medical establishment in the U.S. as a social institution, the lack of an adequate health care delivery system for many Americans, the relationship between an economic system that emphasizes profit and the consequences to the environment, and therefore health of the citizens, etc. Since these students will be health care workers, the need for understanding these issues will be greater than for other students.

The main body of this focus guide which follows covers nineteen topics (some topics that are usually addressed in introductory courses - e.g., deviance and urbanization - have been omitted, not because they are considered unimportant, but because they are not considered as directly relevant for these students, and some cutting decisions had to be made.). The format for each topic is divided into three parts: (1) the conceptual focus, (2) discussion exercises, and (3) an outline of a project related to the topic. The final portion of the guide is a partial listing of the most recent books and monographs related to rural sociological concerns. This material can be used in teaching introductory sociology to any student body and would be particularly important for people interested either in rural areas or in issues of health and health promotion.

II. Topic Guide

1. Introduction to Sociology

A) Conceptual Focus

What is sociology? Outline the perspective of sociology and show the historical events that led people to begin asking sociological questions. Explain how sociology differs from other social sciences such as psychology and anthropology, etc. What is science? Discuss the nature of the scientific method of inquiry and show how all sciences use this method, but focus on different data. Explain the relationship between theory and data and present the major sociological theoretical orientations.

B) Discussion Exercises

1) Play the "devil's advocate regarding some controversal social issue (capital punishment, welfare rights, abortion, racial differences). Encourage the class to challenge the myths and to generate the kinds of questions that need to be asked - and researched - in order to understand the issues through scientific inquiry.

2) Ask the students to describe "folk superstitions" used by their families. Which ones are taken seriously by the students or their families? Do some have associations with certain ethnic backgrounds? Are some of the superstitions "ruralisms" that are not understood by people from urban areas? Are some "regionalism," not easily comprehended by people from other parts of the country?

C) Project

Ask students to choose topics from some nonscientific belief system commonly accepted and get them to specify the basic assumptions underlying it, the nature of the evidence claimed for it, etc. Have the students evaluate the "theory" critically, keeping in mind the scholarly and scientific knowledge presently available. Examples of topics are palmistry, astrology, recism, sexism, ageism, and various types of folk medicine.

2. Sociological Research Methods

A) Conceptual Focus

Discuss the logic of cause and effect and how this underlies all scientific research. In identifying and measuring cause and effect, scientists use the language of variables. Describe the nature of independent, dependent and control variables. Discuss particular difficulties in conducting research on human beings. Describe and illustrate the basic research methods such as use of existing sources, observations, surveys, and experiments. Describe the major advantages and disadvantages of each. Outline and illustrate the general steps in any research project: definition of the problem, reviewing the literature, formulating hypotheses, selecting research mode, collection of data, analysis of data, and interpretation of results. Discuss ethical problems that arise in doing social scientific research.

B) Discussion Exercises

1) What is the relationship between cause and effect in science? Is any phenomenon ever caused by one factor? What is the importance in differentiating between a cause and the cause? Suggest variables that are probably involved in causing: 1) some people in society to be poor, 2) an increasing divorce rate, 3) opposition to abortion, 4) the emergence of new religious sects.

2) Which of the major research techniques would be most appropriate for analyzing the following topics and why?

- public opinion regarding the nuclear-freeze issue
- sex-role division of household chores in the family
- demographic changes in rural and urban areas in your state
- the effect of increased advice to young people regarding sex education

C) Project

To encourage students to develop their observational skills in diverse settings have half the class make a record of a specified set of behaviors (e.g., restaurant seating, cars passing through an intersection, etc.) in a rural area and the other half in a similar urban setting. Have the results presented in class and encourage students to detect differences in rural and urban behavior.

3. Culture

A) Conceptual Focus

Discuss the human species in relation to other species and show similarities and dissimilarities. Describe the concept of culture and explain the nature of human language. Show how the understanding of language is essential to understanding human behavior. Describe the nature of cultural systems in terms of norms and values. Discuss cultural variation and explain the nature of cultural integration (i.e., how the elements of a culture can be seen to "fit" together).

B) Discussion Exercises

1) Recently, there has been a resurgence of controversy over the "theory of evolution: and "creationism." Present the basic positions of each view and encourage discussion. Does evolutionary theory preclude a belief in a Devine Being, or simply require a different perception of of the process? Discuss how science and religion may be reconciled on this issue.

2) Different cultures and subcultures have different conceptions of time and space. Get students to discuss how encounters between members of different cultures and subcultures might lead to problems concerning economic transactions, manners, recreation, work ethics, etc. How might a member from different cultures perceive such behaviors as: clock-watching, being in a hurry, being late, being on time, being unconcerned with time, etc.

C) Project

Until well into the 20th century, the U.S. was predominatly a rural society. Everyday speech reflected this, and many of these "ruralisms" still have currency, at least among older persons - e.g., "mad as a wet hen," "cash on the barrelhead," "going off with someone." Have the students compile an inventory of such expressions from a rural community and from an urban community and get them to discuss how encounters between people from the different areas might be overcome.

4. Society

A) Conceptual Focus

What is society? Distinguish between society and culture. What is social structure? Discuss the major components of social structure such as statuses, roles, groups, and institutions. Describe the difference between types of societies in terms of their social structure (e.g., hunting and gathering, pastoral, horticultural, agricultural, industrial, and postindustrial).

B) Discussion Exercises

1) America is a fragmented society composed in part of agricultural, industrial and postindustrial segments. Have students identify these segments within their own state and then encourage discussion about how problematic issues are faced in each segment. Examples of such issues are: 1) loneliness, 2) health and mortality, 3) value conflicts, 4) violations of privacy, 5) ecological quality, 6) amount and quality of leisure time, etc.

2) Ask two students of the opposite sex to engage in role-playing before class. Assign a nontraditional role to each student. For example, have the male student play "the wife-mother" at the end of a work day while the female plays "the husband-father." Confront them with some problem that they will have to solve like who will take care of the two-year old until bedtime.

C) Project

Divide the class into half and have each half sub-divide itself into committees. The project is to have them make comparisons between two communities (one rural and one urban) with respect to institutional structure. Each committee is responsible for obtaining a description of the central institutions in each community. Compare differences on the blackboard for each institution and discuss how problems are handled within the institutional structure of the two communities.

5. Social Groups

A) Conceptual Focus

Describe the difference between primary and secondary groups. Discuss the central findings from small group research (e.g., group conformity, task solving, leadership, etc.). Describe the nature of reference groups and the role they play in shaping our behavior. Discuss the characteristics of formal organizations, expecially bureaucratic organization. Describe the positive and negative aspects of bureaucracy and suggest alternatives to this form of organization.

B) Discussion Exercises

1) If there are any notable controversies in the community (e.g., cutbacks in student funding, the closing of a plant, putting in an abortion clinic), the class can be encouraged to examine the issue in terms of the nature and organization of the groups involved in trying to shape public opinion. Discuss the nature of the groups in terms of the values appealed to, type of leadership, organization, access to the media, etc.

2) How does it happen that law suits filed by consumer groups against corporations are often settled only after extended litigation, court delays, appeals, etc.? Usually these decisions favor the corporations and weaken the regulations that were designed to govern them. Discuss how the organizational structures in America generate these kinds of outcomes.

C) Project

Using the institutional descriptions from the previous project (rural vs. urban), have each committee interview a person who has pursued a problem through an institution in that community. For example, a person who sought advice from a minister about an abortion, or a person who went through the mayor's office to obtain garbage pick up service, etc. Have these interviews presented in class and compare the ease or difficulty with which problems are solved in rural and urban communities with respect to their different bureaucratic structures.

6. Socialization

A) Conceptual Focus

Discuss the differences between learned and inherited behaviors. Describe the various theories of learning and the nature of cognitive development (Piaget). Explain the concept of the self (sociological) and the concept of personality (psychological). Present the major theories of self development. Discuss the various agencies of socialization and types of socialization. Describe how socialization extends across the life cycle (birth to death).

B) Discussion Exercises

1) Discuss the socialization experiences of children in institutions other than the family. Compare those with family socialization experiences. Given that most of us are now growing up in family situations that do not conform to what is commonly believed to be the "typical" American family (i.e., husband works, wife stays home and takes care of the two children), how many different kinds of family structures can be described from among the student's own families? Encourage discussion concerning socialization differences.

2) Some young people continue to attend college in their late 20's and even into their 30's as full-time students. These people lack economic independence, often delay marriage, and do not begin careers until much later than their peers. What special problems are posed by this and other forms of "extended adolescence" in American society?

C) Project

When young people attend college they are often introduced to new and different ideas, attitudes, and behaviors. When they return home, these new attitudes often lead to conflict with their families and others in the community from which they came. When young people try to change their parents attitudes about something, this might be called "reverse socialization." Have students describe situations when this has happened to them. Encourage discussion concerning solutions around these areas of conflict.

7. Inequality

A) Conceptual Focus

Discuss social inequality in sociological terms - i.e., inequality between groups of people. Explain what is meant by a stratification system and describe the main characteristics of the basic types (e.g., caste, class). Discuss the types of social mobility and compare various stratification systems. Describe the role of ideology in maintaining stratification systems. Explain the sociological theories of stratification.

B) Discussion Exercises

1) For many years segregationists in the American South devised a variety of methods to maintain the system of segregation. Currently, in South Africa, similar methods are used to uphold that system. How do these and other historical examples lend support to the conflict approach in sociology? Could we expect that those in power will initiate changes themselves, or is change usually initiated by those out of power?

2) Invite to your class representatives of groups who advocate significant social change and have them make presentations to your students. Encourage your students to question these speakers concerning power, the possibility of cahnge, etc.

C) Project

Many of today's college students, especially from rural, immigrant, or blue-collar families, represent the first generation to attend college. Have them ask their parents, grandparents, etc., to learn the occupational and educational statuses of the three generations. Is there much evidence of vertical mobility, horizontal mobility? The results can be tabulated and distributed for class discussion.

8. Social Class in the United States

A) Conceptual Focus

How are wealth, power and prestige distributed throughout the United States? Describe the American class system along these three dimensions. Explain how social class is measured (e.g., socio-economic status, or SES). How much social mobility is there in the U.S.? What does social class predict about people (e.g., education, health care, quality of life, political affiliation, etc.)? Explain the nature of the wealthy in the U.S. with respect to power. Link wealth and power together and discuss the role of the working class and the "middle class."

B) Discussion Exercises

1) The American Medical Association frequently reports that medical care in the U.S. is the best in the world. Are medical services equally available to people in all social classes? How can the discrepancy between health care and illness rates between members of the upper class and the lower class be explained? How does the U.S. compare with other nations regarding statistical measures of health?

2) Invite someone from Legal Assistance of Welfare Rights to present to the class in bureaucratic detail procedures for applying for public assistance. Are all those entitled to such aid made aware of their eligibility? Do those entitled to aid receive it? How do most people who receive welfare feel about it?

C) Project

Have students compile a list of any government aid they or their families have received other than aid to indegents. Examples are:

- employment in a government occupation
- a FHA or VA morgage loan
- GI bill for attending college
- tax breaks for college tuition
- government price supports for farm products

Based on this, how might one more accurately respond to the question: Who is on welfare? Why are these types of welfare not considered welfare?

9. Race and Ethnicity

A) Conceptual Focus

Discuss the sociological conceptions of race and ethnicity and explain why these are not very useful biological terms. Explain what is meant by a minority group and describe the basic patterns of race and ethnic relations. Explain racism and show its significance as an ideology. Describe the difference between prejudice (attitude) and discrimination (behavior), and between de jure discrimination and de facto discrimination. Show how these concepts apply to various minority groups in the U.S.

B) Discussion Exercises

1) Gunnar Myrdal has described the racial situation in the U.S. as an American delemma. What did he view as the dilemma? What evidence supports his view? Were Americans generally upset about the inconsistencies between our values and our behavior?

2) If class members include members of racial or ethnic minorities, ask those who might be willing to share their experiences about growing up black (or, Indian, Chicano, etc.) in white America. Can the class come up with sociological solutions to deal with the problems expressed?

C) Project

Have the students develop an observational study of race relations on their own campus (a survey would not be appropriate since they would only be studying attitudes). This could take the form of recording seating patterns in the student union, an observation of an inter-racial meeting, etc. Have them report these observations to the class and discuss the results in terms of the sociological concepts introduced.

10. Sex Roles

A) Conceptual Focus

Define the difference between sex, gender and sex role. Discuss biological differences between males and females and show that these differences do not account for the differences found in gender and sex role structures. Discuss the psychological and anthropological differences between males and females. Explain the major theories or sex role discrimination. Describe how sexism as an ideology undergrids the sex role structure. Show how we are socialized into sex roles and explain the costs to both sexes of such a system of inequality.

B) Discussion Exercises

1) What would an egalitarian society look like? Would sex make no difference? Have students consider all the major areas of social life and describe how each area might work in an egalitarian setting.

2) Does sex role inequality work the same in urban and rural areas? Have students from each background describe the role of women in particular activities (e.g., household chores, places in the church structure, occupations, etc.).

C) Project

Have students do observations in several settings to detect different patterns of sex role socialization. The settings could be in the home of friends, a secular child care center, a church related child care center, etc. Students should be alert to any explicit sexism by the staff or in the behaviors of the children. Discuss these reports in class and encourage them to come up with solutions to deal with these problems.

11. Age Discrimination

A) Conceptual Focus

Explain how roles are assigned by age and describe the major theories related to age discrimination. Present the ideology of ageism and show how it applies in various institutions (e.g., the family, economics, religion, politics, education). Discuss particular problems faced by the aged and describe the significance of the aging population in the United States

B) Discussion Exercises

1) Invite to class a spokesperson from some support group for the aged. Have the person address the special problems faced by the elderly. Encourgae students to jointly help the person to come up with solutions to these problems.

2) Are there particular health problems faced by the aged? Are the available health care institutions meeting the needs of all the aged in your community? What are some concrete solutions that can be devised to bring clients and institutions together?

C) Project

Have each student write a description of an elderly member of their own family seeking such information as place of residence, employed or retired, health condition, etc. Does he/she have a high or low degree of interaction with other members of the family? Have them report these in class and seek to come up with solutions to their problems.

12. The Family

A) Conceptual Focus

Describe the basic marriage and kinship forms found in the world. Present the major sociological theories that apply to these data. Discuss cross-cultural family patterns and describe how industrialization has transformed the family. Describe the major characteristics of family forms in the United States.

B) Discussion Exercises

1) The Moynihan Report of some years back argued that most of the problems faced by black people were related to the so-called instability of the black family. This report has received considerable criticism from scholars. What kinds of evidence did Moynihan present? What are the main problems with his data? What are the logical problems with his theoretical approach?

2) Most Americans are involved in atypical family patterns at some time in their life. To help students appreciate the values and some of the unique problems faced by people living in these patterns, have representatives from different patterns come to class for a panel discussion. Examples of these atypical patterns are:

- couples with reversed roles
- dual career couples
- divorced individuals
- parents of adopted children
- remarriages

C) Project

There is some agreement that rural and urban family patterns differ in America. Divide the class into half and have each half attempt to get a family pattern description of an urban community and a rural community. Compare these descriptions with the national data and see if there are any differences. What are these differences? What are the consequences of the different patterns for the people who live in them?

13. Education

A) Conceptual Focus

Describe the basic characteristics of the American school system. Present the main theoretical approaches to this system. Describe the internal structure of the school, noting such features as bureaucracy, individual competition, self-fulfilling prophecy, ect. Discuss the relationship between education and social inequality. Describe how attempts to generate equality in the schools have failed.

B) Discussion Exercises

1) School curricula tend to reflect the beliefs underlying the political and economic structures in a society. One belief that is central to the American school system is the value of individual competition. Discuss the ways in which members of different social classes and different racial or ethnic groups are affected by competition in relation to the placement of the "most qualified" in top social positions.

2) While the value of mass education is agreed upon by most people, and, in fact, has been greatly realized in this century, this has been accompanied by a decline in academic standards. What is the nature of the evidence that shows this decline? Should something be done to upgrade the standards, or is this simply a byproduct of mass education?

C) Project

Using the idea that IQ tests are "culture-bound" have the students construct two IQ tests that would adequately test students from two different backgrounds - one urban and one rural. The items should be based on information known to one group but not to the other. Have the tests administered to the group who does not have the appropriate knowledge and discuss the results in class.

14. Religion

A) Conceptual Focus

Present the sociological approach to religion. Describe and compare religions in terms of their central beliefs and social organization. Explain the major theoretical approaches to religion in sociology. Discuss Weber's analysis of the relationship between capitalism and the Protestant Ethic. Describe the various correlations between religion in the United States and other social factors (e.g., socioeconomic status, political affiliation, education, etc.).

B) Discuss Exercises

1) Marx argued that religion served to support the interests of the ruling classes in any society. Show how this works in various societies (e.g., India, South Africa, England, the United States, etc.). Some modern Christian groups claim that the state is ordained by God and that any challenge to the state is an affront to God. Is this church position basically the same or different from these other examples?

2) Consider the resurgence of poloitcal activism by religious groups in the U.S., such as the Moral Majority of Rev. Jerry Falwell. These groups seek to pass legislation that would enforce their own moral views. What is inherently wrong with any attempt to enforce moral views on citizens who live in a pluralistic society?

C) Project

Ask students to compile a list of themes that appear in sermons in various church services in their communities. Have them categorize the themes in terms of vertical (worshiping God) or horizontal (oriented to social action). Compare them in class and see if there are any differences by religion. What would Marx or Weber make of the data?

15. Economics

A) Conceptual Focus

Discuss the transformation from pre-industrial society to industrial society on into post-industrial society in terms of an increasing division of labor. Describe the sociology of occupations with respect to sectors of work and analyze increased professionalization and its consequences for work. Delineate the central problems in the area of work, such as alienation, unemployment, underemployment, etc. Describe the theoretical and empirical differences between capitalism and socialism and describe the chief characteristics of the American economy - those of corporate capitalism.

B) Discussion Exercises

1) When discussing professional sports in America, people often refer to a team owning, selling and trading a player. In a "free" society such as ours, how is such an arrangement possible? What changes have recently taken place in the courts that are altering these arrangements? If possible, have a professional player and an owner discuss these issues in class.

2) Invite to class two blue-collar workers, one from a rural community and one from an urban community. Have each describe their typical work day. Do each belong to unions? If not, why not? How routinized is their work? What effect does that have on the person? Is the person alienated from their job or company and seek to quit as soon as possible? What does the person like most and least about their job?

C) Project

In order to demonstrate the degree to which food production has left the family farm and has become a highly specialized, mechanized, and capital-intensive enterprise, have the students visit a produce farm, a cannery, or large dairy. Have the owners describe for the students the history of the farm from family owned to agribusiness. In this transformation, how were employees affected? What aid is received from government sources?

16. The Political Sphere

A) Conceptual Focus

Define power and describe the different types of power and authority. Discuss how one type gets transformed into another type. Describe the nature of the modern nation-state and analyze it in terms of sociological theories (functionalism and conflict). Define democracy and apply it to the American political process. Discuss the characteristics of political power in the United States and present the research that is relevant to answering questions about the centralization of power.

B) Discussion Exercises

1) In the United States we speak of freedom of religion and freedom of speech, etc. In the Soviet Union they speak of freedom from religion, freedom from unemployment, etc. What seems to be the problem with the term freedom? Discuss the propagandistic use of the word freedom.

2) When major corporations in the United States get into economic trouble, they generally seek aid from the government in the form of subsidies, contracts, etc. Why are these requests not treated and labeled "welfare" by the American people and the government generally?

C) Project

Have the class describe the power structure in two communities, one rural and one urban. Do they differ in terms of a single power elite, or are there contending power groups that work out compromises? Can the political powers (not necessarily the elected leaders) in each community be identified? Discuss the possibility of having one's problems solved by appealing to these powers if one is from a different race, social class, etc.

17. Population

A) Conceptual Focus

Describe the field of demography and present the principal dynamics involved in demographic changes. Discuss such measures as birth rate, death rate, migration rate, growth rate, etc. Describe the dimensions of the world population both currently and historically. Explain the stages in the theory of demographic transition. Focus on the characteristics of the American population: Is there a population problem? If yes, what strategies can be developed to deal with this problem?

B) Discussion Exercises

1) Many Americans believe that the solution to the world's population problem is to industrialize the poor countries, making them over in our image, so that all of them would be lifted up to our standard of living, etc. Is this feasible or desirable?

2) Characterize the demography of your community currently by race, age structure, birth and death rates, and internal migration. Are they consistent with the national demographics? What differences exist? What can be done at a community level to deal with problems arising from this set of statistics?

C) Project

Because of the high cost of health care in the United States, many communities have begun to cut back on the available health care facilities. Have student document the history of health care facilities in two communities, one rural and one urban. Are there differences? Can the students assess the quality of health care in the two communities? Discuss these differences in class.

18. Social Change

A) Conceptual Focus

Discuss the major sources of social change (e.g., technology, ideas, etc.) and describe how change in one area always causes changes in other areas. Present the major sociological theories concerned with social change. Discuss what is meant by the modernization process and describe the process in terms of post-industrial society.

B) Discussion Exercises

1) It is usually difficult for innovators to predict all the consequences of their inventions. Focus on some modern technological changes (e.g., the computer, television) and see if you can predict what likely social changes are going to occur in the major social institutions (e.g., the family, education, economics, etc.).

2) Culture and geography are related - culture has changed geography and geography changes culture. Clarify how the natural environment and cultural systems create changes in the other sphere. What threats does the human culture now pose for the environment and also for itself?

C) Project

Have students develop a community history describing the major social changes and cultural patterns that have occurred in their communities in the past fifty years. Again, the focus should be on a rural community and an urban community for comparative purposes. The descriptions need not be extensive and a panel discussion format can be used for comparisons.

19. Sociology of Health

A) Conceptual Focus

Describe the relationships between society (i.e., social class, power, economics, etc.) and health and illness. Discuss the medical establishment in the United States as a social institution. Describe the central characteristics of the American health care system and focus on problems that emerge from this system. Compare the American system with others in the industrial and post-industrial world. present the major sociological theories that explain differences between these systems.

B) Discussion Exercises

1) The U. S. Government has failed extensively in regulating the production of industrial wastes that harm us all. With the election of President Reagan in 1980, even those weak efforts at regulation have been dismantled. Is there some relationship between the economic system of corporate capitalism and the fact that citizens of the U.S. are in such an unprotected position health-wise? Discuss ways that citizens might address these problems.

2) To what extent does rural health care in the United States resemble the kind of health care found in underdeveloped countries and not the kind we would expect in a post-industrial society? Outline the characteristics of rural health care vs. urban health care and encourage the students to devise solutions for these problems.

C) Project

Have students visit a rural health care facility for purposes of interviewing clients, doctors and other health care workers about the quality of the care offered. Construct an outline of the most frequently mentioned problems by these people and see if reasonable solutions can be devised to address them.

III. Bibliography

There are two sociological journals that are specifically related to the concerns of those teaching courses to rural health care paraprofessionals. These are Rural Sociology and the Journal of Health and Social Behavior. There are other, more specific, journals in sociology that may also be of assistance, but a review of these two journals should be of great assistance. The following bibliography is a partial listing of recent books and monographs that will help the instructor become familiar with current issues in the area.

Brown, D. L. and J. M. Wardwell (eds.). New Directions in Urban-Rural Migration: The Population Turnaround in Rural America. New York: Academic Press, 1980.

Bryan, F. M. Politics in the Rural States: People, Parties, and Processes. Boulder, Colorado: Westview Press, 1981.

Buttel, F. H. and H. Newby (eds.). The Rural Sociology of the Advanced Societies: Critical Perspectives. Montclair, N. J.: Allanheld, Osmun & Co., 1980.

Carlson, J. E., M. L. Lassey, and W. R. Lassey. Rural Society and Environment in America. New York: McGraw-Hill Book Co., 1981.

Fuguitt, G. V., P. R. Voss, and J. C. Doherty. Growth and Change in Rural America. Washington, D. C.: The Urban Land Institute, 1979.

Hawley, A. H. and S. M. Mazie (eds.). Nonmetropolitan America in Transition. Chapel Hill, N. C.: University of North Carolina Press, Institute for Research in Social Sciences Monograph Series, 1981.

Lonsdale, R. E. and H. L. Seyler (eds.). Nonmetropolitan Industrialization. New York: John Wiley and Sons, 1979.

Marans, R. L. and D. A. Dillman. Perceptions of Life Quality in Rural America: An Analysis of Survey Data from Four Studies. Ann Arbor, Michigan: Survey Research Center, Institute for Social Research, University of Michigan, 1980.

Martinez-Brawley, E. E. Seven Decades of Rural Social Work. New York: Praeger, 1981.

Russell, C. and N. Nicholson. Public Choice and Rural Development. Baltimore: The Johns Hopkins University Press, 1981.

Summers, G. F. and A. Selvik (eds.). Nonmetropolitan Industrial Growth and Community Change. Lexington, Mass.: D. C. Heath, 1979.

Vogeler, I. The Myth of the Family Farm: Agribusiness Dominance of U.S. Agriculture. Boulder, Colorado: Westview Press, 1981.

Young, J. A. and J. M. Newton. Capitalism and Human Obsolescence: Corporate Control versus Individual Survival in Rural America. Montclair, N. J.: Allanheld, Osmun and Co., 1981.

SUPPLMENTARY MATERIALS

OTHER MATERIALS IN THIS SERIES

The U. S. Department of Education contracted with the Baptist College at Charleston to produce the following products, which are now available as part of the Rural Health Promotion Series supporting an associate degree in rural health.

1. A Final Project Report , including summary information about the design of the 2 year degree; conceptual, developmental, and applications issues; and a compilation and analysis of preliminary qualitative evaluation of the program components (by professionals in the health care field) and the programs goals (by rural residents and care providers).

2-8. A series of seven courses designed to meet the needs of this two year degree including -

Interpersonal Communications: skills in listening, sharing information, observation, and assessment,with special focus on cultural concerns, verbal and non-verbal messages.

Epidemiology: inter-relations of disease development and prevention in a public health model of host, agent, and environment; specially focused at the sophomore level.

Concepts of Chemistry: an up-dating of traditional chemistry concepts for allied health.

Health Care Organization and Issues: An overview of community health care systems with special focus on issues such as financial support, ethical dilemmas, changing services and technologies, and future directions, including

computers in intervention, treatment and education.

Health Promotion Seminar: A hands-on personal experience in behavior change around life-style issues, including up to date data and consideration of popular media ideas of health promotion.

Fundamentals of Paraprofessional Care I and Fundamentals of Paraprofessional Care II: A sequence of two courses designed to produce a person educated in major health issues and responses, with special skill development in physical care, emotional support, personal hygiene, safety and first aid (including Cardio-Pulmonary Resusitation).

Each of the instructor resource guides for teaching one of the above courses includes overview material on the total project (to provide perspective for content and methodological elements) as well as context of the course in the overall curriculum.

9. Rural Health Focus Guides for Core Content of the Health Promotion Associate Degree: This document is the work of professional educators in fields which make up the curricular core of the associate degree. The focus guides are the result of thoughtful consideration by these teachers regarding how their subject area relates to the necessary knowledge and competencies of a community paraprofessional in health promotion. All of the authors of the focus guides attended a workshop on health promotion which brought together core faculty, health educators, rural health sociologists, rural health care

providers, and rural health care recipients. The focus guides are the product of their individual approaches to the relevance of their subject matter to the overall degree; each gives ideas for highlighting particularly useful areas of a core course without in any way compromising the existing goals and expectations applied to all students who take these courses. Bound together in one volume, the focus guides cover the areas of

Freshman English,
general college mathematics,
general psychology,
human growth and development,
psychology of adulthood and aging,
introductory sociology,
social service systems,
New Testament religion,
interpersonal communications skills,
group dynamics,
anatomy and physiology,
microbiology,
introductory allied health chemistry.

The nine products listed above are in the ERIC system; copies are also housed with the contractor (the Baptist College of Charleston, Charleston, S.C.) and with the funding agency (the U. S. Department of Education, Office of Vocational and Adult Education, Washington, D.C.)